

SENT VIA EMAIL OR FAX ON
Oct/11/2010

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Oct/11/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Repeat Lumbar MRI with contrast

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
08/17/10 Office records
Report by 08/26/10, 09/08/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male with a work related injury date of xx/xx/xx being evaluated for repeat lumbar MRI with contrast.

The claimant's records contain a 08/16/10 new patient evaluation visit. The claimant presents with back pain that radiates from the back to the bilateral legs. The claimant has had two prior back surgical procedures, but continues to have pain with numbness in the legs. His symptoms have been present for 10 years. The claimant's neurological examination of the lower extremities showed patella reflex 1+ on the right and 3+ on the left. The Achilles reflex 1+ right and left. Sensory exam showed paresthesias from prior surgery, "new right great toe". Left paresthesias from prior surgery. Straight leg raise, "right positive".

Pain with straight leg raise, pain radiates from back to foot at times. An x-ray was taken which showed decreased disc space multilevel. The impression is a radiculopathy recurrent status post laminectomy approximately eight years ago. Treatment recommendation is MRI of lumbar spine with contrast.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

ODG Guidelines indications for magnetic resonance imaging include documentation of neurologic deficit related to the spinal cord such as myelopathy, cauda equina syndrome, unequivocal evidence of radiculopathy, or suspicion of cancer, infection, or other "red flag". While the claimant appears to have had surgery over eight years ago and has had ongoing symptoms for 10 years, there is no documentation of a progressive neurological deficit. There is no documentation of myelopathy or cauda equina or difficulty with bowel and bladder control. The claimant has chronic back pain. The claimant's physical examination suggests that findings in the lower extremity are "from prior surgeries". There is no documentation of lumbar radiculopathy at any level or sacral radiculopathy.

In accordance with ODG Guidelines, absent documentation subjectively and objectively of progressive neurological deficit, absent objective documentation of radiculopathy, the request for a repeat lumbar MRI with contrast cannot be considered medically appropriate or medically necessary.

Official Disability Guidelines 2010 Updates: Chapter low back: MRI

Indications for imaging -- Magnetic resonance imaging:

- Thoracic spine trauma: with neurological deficit
- Lumbar spine trauma: trauma, neurological deficit
- Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit)
- Uncomplicated low back pain, suspicion of cancer, infection, other "red flags"
- Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. (For unequivocal evidence of radiculopathy, see AMA Guides, 5th Edition, page 382-383.) (Andersson, 2000)
- Uncomplicated low back pain, prior lumbar surgery
- Uncomplicated low back pain, cauda equina syndrome
- Myelopathy (neurological deficit related to the spinal cord), traumatic
- Myelopathy, painful
- Myelopathy, sudden onset
- Myelopathy, stepwise progressive
- Myelopathy, slowly progressive
- Myelopathy, infectious disease patient
- Myelopathy, oncology patient

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)